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SENSITIVE  
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E.O. 12958: N/A  
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SUBJECT: Health Cooperation Q Moving Toward a New  
Framework

REF: A) Jakarta 1065 and previous

1. (U) This message is Sensitive but Unclassified.  
Please handle accordingly.

2. (SBU) SUMMARY: This message outlines a vision of  
greater health cooperation with Indonesia and  
provides building blocks for the June 25 Sub-IPC.  
The United States now has an opportunity to transform  
our health cooperation with Indonesia into a true  
partnership. However, the GOIQs granting of six-  
month visa extensions to staff of the Naval Medical  
Research Unit (NAMRU-2) gives us a short time to  
affect that transformation.

3. (SBU) SUMMARY CONQD: During that period, we must  
develop a framework for broader health cooperation as  
part of our Comprehensive Partnership, finalize a  
memorandum of understanding regarding the joint  
laboratory that will be the core of this arrangement  
and discuss GOI concerns regarding the transfer of  
materials to any new facility. This is an ambitious  
agenda--but one that we can achieve. The first step  
will be to dispatch an interagency team to Jakarta  
the week of July 13 for discussions with the GOI.  
END SUMMARY.

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WHY GREATER HEALTH ENGAGEMENT?  
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4. (SBU) Indonesia wants to explore greater health  
cooperation with the United States as a possible part  
of our Comprehensive Partnership. Health Minister  
Supari supported the NAMRU visa extension to give  
both parties time to work out a new model for  
research cooperation. Supari's primary interest is  
that the new model reflects a true partnership  
through shared leadership by the U.S. and Indonesian  
health ministries. Supari also expressed interest in  
a Joint Consultative Forum on Health Cooperation,  
which she and Health and Human Services Secretary  
Sebelius would announce at their next meeting, should  
Secretary agree to the Forum. This forum would  
require annual ministerial meetings, supported by  
separate annual senior official meetings at the  
assistant secretary level.

15. (SBU) We believe greater collaboration on health research and public health surveillance makes sense. Indonesia is the fourth most populated country in the world with poor public health infrastructure, and indicators reflecting deterioration in the provision of basic health services. Indonesia is also a reservoir of emerging infectious diseases including many of international concern. With densely populated communities living in close contact with livestock and new settlements encroaching on wildlife reservoirs, Indonesia creates ideal opportunities for new infectious diseases to emerge. In addition, the poor provision of health services is also leading to reemergence of old diseases such as drug resistant TB. U.S. interests are served with increased research cooperation.

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BUILDING BLOCKS FOR IPC  
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16. (SBU) We suggest that the IPC focus on the following:

-- INSTITUTE VERSUS LABORATORY: We believe an institute versus laboratory model for joint engagement may resonate better with the Indonesians and would appear less like the existing NAMRU laboratory. From a political standpoint, the new proposed model must appear sufficiently different

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from NAMRU and have co-leadership from HHS so that NAMRUQs detractors are managed. However, post believes that NAMRU will continue to be the most important and largest part of the new model.

-- INTERAGENCY ENGAGEMENT AND CONSIDERATION OF FOUNDATION INVOLVEMENT: SupariQs team recognizes that a joint laboratory or institute would include the presence of multiple U.S. agencies, including the military, but with new additional partners. Supari has expressed particular interest in deepening ties with the U.S. Centers for Disease Control and also exploring potential clinical research programs with the U.S. National Institutes of Health. She is also very interested in cultivating new partners such as the Gates Foundation. U.S agencies should begin exploring internally what kind of new model may work to best include interagency presence and also ability to include foundation partners.

-- JOINT CONSULTATIVE FORUM: We support IndonesiaQs proposal for a joint consultative forum but recognize that an annual meeting between Ministers may need to occur on the margins of a World Health Assembly or else be held every two years, to be realistic. We support the idea of an annual senior officials meeting.

-- DELEGATION TO VISIT IN JULY: We recommend a multi-agency visit after the July 8 Presidential election to explore Indonesian interest in a joint institute, determine if Indonesian interests are compatible with US priorities, and begin a dialog on the conceptual framework. In addition to a State Department Delegation Chief, potential participants who could be particularly helpful include Health and Human Services (Dan Miller), Naval Medical Research Center (Stephen Walz), US CDC (Steve Blount/Nancy Cox), and US NIH (Gray Handly).

-- DISCUSSION OF MTA SHOULD NOT BE PRIMARY FOCUS: Although the delegation may need to hear IndonesiaQs views about the MTA, this should not be a primary

focus of the visit. At the same time, we believe it is important to begin a dialogue on US expectations of this partnership, particularly in terms of transparency in data sharing, participation in outbreak investigations, and development of surveillance systems to characterize infectious disease threats.

WHITE PAPER

¶7. (U) MissionQs interagency health team supports the vision of a joint laboratory outlined in the attached white paper.

¶8. (SBU) BEGIN TEXT OF WHITE PAPER:

Indonesian-American Joint Medical Research Laboratory

Objective:

We seek to establish a joint medical research laboratory where Indonesian and American scientists conduct mutually beneficial research on re-emerging and newly emerging infectious diseases.

Key elements:

-- Coordination: A Joint Research Coordinating Committee would oversee the laboratory. An equal number of Indonesians and Americans would sit on the Committee, which would be co-chaired by one Indonesian and one American representative. All decisions would be taken by mutual consent.

-- Joint Research: The Joint Research Coordinating

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Committee would make recommendations on the development, implementation, and evaluation of the laboratory's research.

-- Transparency: The Indonesian government has the right to access all facilities and research results at any time.

-- Contribution: Each side would provide qualified scientists to conduct research projects of mutual interest. Indonesia would provide rent-free facilities; the U.S. would maintain and repair those facilities.

--Financial Management: An American comptroller would control U.S. government funds and an Indonesian comptroller would control Indonesian government funds.

-- Publication: Authorship on publications would be based on each authorQs scientific contribution in accordance with internationally accepted criteria for authorship (e.g. International Committee of Medical Journal Editors).

-- Specimens: The laboratory would comply with all Indonesian laws and regulations related to specimens.

END TEXT

HUME